



TO STUDY THE INCIDENCE OF PRIMARY CAESAREAN SECTION IN PRIMIGRAVIDA AND MULTIGRAVIDA AT TERTIARY CARE HOSPITAL RAJASTHAN.

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ABSTRACT:

Background: Caesarean section is one of the commonly performed surgical procedures in obstetrics and is certainly one of the oldest operations in surgery. Methods: This is hospital based prospective study of comparing the primary caesarean section in primigravida and multigravida.

Results: Out of 100 primigravida patients delivered, of it(67.00%) delivered normally and 33 (33.%) delivered by primary LSCS. Out of 100 multigravida patients delivered and out of which 76 (76.00%) delivered normally and 22 (22.00%) were primary LSCS.

Conclusion: The rate of primary caesarean section in primigravida is higher than multigravida.

Keywords: Primigravida , Multigravida, Caesarean section.

Introduction

Caesarean section is one of the commonly performed surgical procedures in obstetrics and is certainly one of the oldest operations in surgery. First caesarean section is termed as 'Primary Caesarean Section' when it is performed for the first time on a pregnant woman to deliver the baby. This definition does not include removal of the baby from the abdominal cavity in case of rupture uterus or in an abdominal pregnancy¹⁻².

Primigravida is a woman who is pregnant for the first time, while multipara those who have delivered once or more.

Indications of primary caesarean sections are different in multigravida and primigravida to some extent. In primigravida, fetal distress is most frequent indication while in multigravida, malpresentation due to pendulous abdomen and

lordosis of the lumbar spine, cephalopelvic disproportion, placental causes are more common indications.³⁻⁴

Material and Methods

- Study design: Hospital based prospective comparative study.
- Study population: Women who underwent caesarean section for the first time.
- Sampling Method: Systematic random sampling

Inclusion Criteria

- Women who underwent caesarean section for the first time either primigravida or multigravida were included.
- Gestational age (>28 weeks)

Exclusion Criteria

1. Women who had previous caesarean sections.
2. Known medical disorders except anemia.
3. Gestational age < 28 weeks.

Data Collection: This includes the patients reporting directly to our hospital requiring elective or emergency caesarean section after trial, both primigravida and multigravida. All the patients taken up for study were to be followed up for 14 days. At the time of discharge, the patients were explained about the

importance of spacing, contraception and immunization.

Data Analysis

To collect required information from eligible patients a pre-structured pre-tested proforma was used. For data analysis Microsoft excel and statistical software SPSS was used and data will be analyzed with the help of frequencies, figures, proportions, measures of central tendency and appropriate statistical tests.

Observations:

Table 1: Incidence of primary LSCS in primi and multi gravid

Gravida	Total No. of Delivery		Normal Delivery		Primary LSCS		Repeat LSCS	
	No.	%	No.	%	No.	%	No.	%
Primi	100	100	67	67.0	33	33.00	0	-
Multi	100	100	76	76.0	22	22	2	2

Out of 100 primigravida patients delivered, of it (67.00%) delivered normally and 33 (33.00%) delivered by primary LSCS.

Out of 100 multigravida patients delivered and out of which 76 (76.00%) delivered normally and 22 (22.00%) were primary LSCS.

Discussion

A sense of false security prevails in most of the pregnant women who had previous uneventful deliveries they don't pay much attention to the antenatal care they deserve. Moreover, the socioeconomic condition of the pregnant women, specially in our catchment area do not permit them to have adequate balanced diet and antenatal examination which the pregnant stage demands. Due to these factors, the lady is likely to pass through pregnancy in a sub normal stage of health and reach labour in a state of potential risk, and undetectable abnormality. The hazards associated in such labours show that mother with previous history of eutocia and normal uneventful delivery, may exhibit dystocia and other abnormalities leading to impending bad

foeto maternal outcome, and primary caesarean section in multies at times.

In our study incidence of primary LSCS in primigravida was 33.00% and in multigravida 22.00%. This incidence was comparable with study conducted by Rajput et al⁵ where incidence of primary caesarean section in primary gravida was 35.18% and 12.61% in multigravida.

Conclusion

The rate of primary caesarean section in primigravida is higher than multigravida.

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